PART B - FEE(S) TRANSMITTAL

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| nonprovisional NO | \$1400 | \$0 | \$0 | \$1400 | 03/01/2007 | |
|---|----------|---|-----|-------------------------|---|--|
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| WHITE, EVERETT NMN | 1623 | 514-023000 | • | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | a ² FARABOW, | FINNEGAN, HENDERSON, FARABOW, GARRETT, UNITED ASSESSMENT OF THE PROPERTY OF | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment/28/2007 MBERHE1 00000116 09255655

(A) NAME OF ASSIGNEE

MD FOODS AMBA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government

| a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5 (\$15.00) | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number |
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| | overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form). |

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMAJL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United Spaces Patent and Trademark Office.

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20,3/38 Registration No.

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